

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003013

**Entity Name:** ALLIANT INSURANCE SERVICES, INC.

**FILED**  
**Apr 20, 2021**  
**Secretary of State**  
**0981861165CC**

**Current Principal Place of Business:**

1301 DOVE STREET  
SUITE 200  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

1301 DOVE STREET  
SUITE 200  
NEWPORT BEACH, CA 92660 US

**FEI Number: 33-0785439**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CEO, CHAIRMAN, DIRECTOR  
Name CORBETT, THOMAS W.  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title PRESIDENT, DIRECTOR  
Name ZIMMER, P. GREGORY JR.  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title PRESIDENT, SENIOR EXECUTIVE VICE PRESIDENT, DIRECTOR  
Name HURST, RALPH S  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title TREASURER, EXECUTIVE VICE PRESIDENT  
Name FILLEY, TED C  
Address 1301 DOVE STREET  
City-State-Zip: NEWPORT BEACH CA 92660

Title SENIOR VICE PRESIDENT, GENERAL COUNSEL  
Name ZAK, KENNETH A  
Address 701 B STREET, 6TH FLOOR  
City-State-Zip: SAN DIEGO CA 92101

Title COO, SENIOR EXECUTIVE VICE PRESIDENT  
Name CARPENTER, PETER  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title CFO, SENIOR EXECUTIVE VICE PRESIDENT  
Name ANDERS, ILENE  
Address 1301 DOVE STREET, SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

Title SECRETARY  
Name BAUMANN, JENNIFER  
Address 1301 DOVE STREET SUITE 200  
City-State-Zip: NEWPORT BEACH CA 92660

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JENNIFER BAUMANN**

**SECRETARY**

**04/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date